

ABSTRACT

INTRODUCTION

Fistula in ano is the benign anorectal condition, but became a major problem for surgeons to cure the disease.

For proper treatment of fistula in ano, a thorough knowledge of Anorectal anatomy and etiopathogenesis of anorectal abscess is required. More than 90% cases of perianal abscess and anal fistulas occurs due to cryptoglandular infections in the intersphincteric plane. Fewer than 10% occurs due to the complications of Crohn's disease, malignancy, Tuberculosis and Radiation exposure.

The cardinal goals to be considered while treating fistula in ano are as follow.1) Sepsis should be controlled

2) Entire fistulous tract should be identified and excised

3) Sphincter tone should be preserved, so as the continence.

It is important to review many older techniques for fistula in ano (fistulotomy, fistulectomy, SETON treatment) and newer techniques (fibrin glue injection, fibrin plug, LIFT procedure, Endoanal advancement flap, stem cell therapy, VAAFT) and their pitfalls. Eventhough all the above mentioned techniques are practiced among the surgeons, there is no any high quality randomised studies available to guide proper decision making.

AIMS AND OBJECTIVES

To study the different modalities of treatment for fistula in ano (*FISTULOTOMY/FISTULECTOMY // FIBRIN GLUE / LIFT procedure*).

In terms of

1) per operative complications

2) post operative complications

3) complications on long term follow up.

OBSERVATION AND RESULTS

We Conducted an observational Study (Retrospective& Prospective) in sample size of about 50 patients who presented with features of simple low anal or high anal fistula in the General Surgery department at R.G.G.G.H – CHENNAI who met the inclusion & exclusion criteria were included in the study and performed **10 cases of FISTULOTOMY, 15 cases of FISTULECTOMY, 10 cases of FIBRIN GLUE INJECTION & 15 cases of LIFT PROCEDURE.**

The following results were obtained

- In our study, about 80% patients are males and 20% cases are females. Male / female ratio of fistula in ano is 4:1.
- We observed per operative and immediate post operative complications in each procedures carefully. Results shows, more complications occurs with fistulectomy than other procedures.
- In our study mean hospital stay period is more for fistulectomy (8.5 days) than other procedures. Hospital stay period is least for Fibrin Glue Injection cases (3days).
- Intraoperatively we experienced bleeding in 2 cases of fistulotomy and 4 cases of fistulectomy. Intraoperative Bleeding was not noted in Fibrin Glue Injection and LIFT procedure.
- Sphincter was injured in 2 cases of fistulotomy and 3 cases of fistulectomy. Sphincter injury was not noted in LIFT procedure and Fibrin Glue. In Operating time was extended for more than 1 hour in 2 cases of fistulotomy, 3 cases of fistulectomy and 4 cases of LIFT procedure and Fibrin Glue Injection procedure completed within 1 hour.

- About 2 patients of fistulotomy, 3 patients of fistulectomy, 1 patient of Fibrin Glue Injection and 4 patients of LIFT procedure experienced post operative pain for more than 3 days.
- Post operative bleeding occurs in 1 patient with fistulotomy and 2 patients with fistulectomy. No patients with LIFT procedure and Fibrin Glue Injection experienced postoperative Bleeding complication
- About 1 patient with fistulotomy and 1 patient with fistulectomy developed acute temporary anal incontinence which settled down in 3 weeks time. Patients with LIFT procedure and Fibrin Glue Injection did not experienced any incontinence.
- Post operative fever, wound infection and wound discharge occurs in 2 cases of fistulotomy and fistulectomy, 1 case of LIFT procedure which was settled down with administration of appropriate antibiotics.
- Long term anal incontinence is noted in 2 patients with fistulotomy and 3 cases of fistulectomy. No any long term sphincter incontinence noted in LIFT procedure and Fibrin Glue Injection
- In our study healing rate in LIFT procedure is 80% and incontinence rate is 0%, anal stricture rate is 0%. Only 20% cases developed recurrence.
- Second stage procedure was required for 1 case of fistulotomy and 2 cases of fistulectomy. Hence all cases of LIFT procedure, Fibrin Glue Injection & most of the fistulotomy and fistulectomy cases required single stage surgery
- Anal stricture occurs in 1 patient with fistulotomy, 2 patients with fistulectomy. No patient with LIFT procedure & Fibrin Glue Injection experienced any anal stricture.

- In our study, 3 patients with fistulotomy, 2 patients with fistulectomy and 1 patient with LIFT procedure and 3 patients with Fibrin Glue Injection developed recurrence following surgery within 1 year.

CONCLUSION

From the above study and results, we are of the opinion that

- 1) **Fistulotomy** has moderate intraoperative and post operative complications with less chance for anal incontinence and stricture with Moderate recurrence.
- 2) **Fistulectomy** has moderate degree of intra operative and post operative complications with moderate chance for stricture and incontinence and less chance for recurrence. Moreover few cases required second sitting for the completion of treatment.
- 3) Eventhough **Fibrin Glue Treatment** has no intraoperative & post operative complications with shorter hospital stay has moderate recurrence rate
- 4) **LIFT procedure** least or literally no intraoperative or postoperative complications, with short hospital stay, no risk of anal incontinence or stricture and mild risk of recurrence. Patient able to proceed normal day today life as early as possible without any inconvenience.

So, we conclude that Fistulectomy and LIFT procedure was the acceptable procedures for simple, uncomplicated low lying and high lying fistula.